PUPIL TRANSPORTATION VEHICLE REPORT
Y-10 NEW 3-83

INSTRUCTIONS

1. PLEASE TYPE OR PRINT ALL INFORMATION.
2. IDENTIFY INDIVIDUALLY ALL CONTRACTORS AND THEIR VEHICLES BY TYPE AND MARKER PLATE NUMBERS.
3. SUBMIT THIS REPORT BY AUGUST 30TH EACH YEAR.

TO: DEPARTMENT OF MOTOR VEHICLES, OFFICE OF PUBLIC SAFETY, 60 STATE STREET, WETHERSFIELD, CT. 06109-1896

CITY OR TOWN	SCHOOL YEAR	DATE OF REPORT	NAME, ADDRESS, AND TELEPHONE NUMBER OF TRANSPORTATION COORDINATOR

CONTRACTOR(S) NAME, ADDRESS, TELEPHONE NO.	SCHOOL BUS				NON-SCHOOL BUS			
	TYPE I (STANDARD)	TOTAL VEHICLES ( )	TYPE II (MINI)	TOTAL VEHICLES ( )	SPECIAL EDUCATION (CARS, VANS, STATION WAGONS)	TOTAL VEHICLES ( )	NON SPECIAL EDUCATION (VEH- 8 OR MORE PASS)	TOTAL VEHICLES ( )
	MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS	

(CONT.)

CONTRACTOR(S)	SCHOOL BUS				NON-SCHOOL BUS			
NAME, ADDRESS, TELEPHONE NO.	TYPE I (STANDARD)	TOTAL VEHICLES ( )	TYPE II (MINI)	TOTAL VEHICLES ( )	SPECIAL EDUCA-TION (CARS, VANS, STATION WAGONS)	TOTAL VEHICLES ( )	NON SPECIAL EDUCATION (VANS OVER 8 PASS)	TOTAL VEHICLES ( )
	MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS		MARKER PLATE NUMBERS	